# Vermont Department of Health Laboratory 195 Colchester Avenue, P.O. Box 1125 Burlington, VT 05402-1125 (802)863-7336 (800)660-9997 (in-state only)

# INSTRUCTIONS FOR COLLECTION AND PACKAGING OF STOOL SPECIMENS FOR CULTURE OF ENTERIC BACTERIAL PATHOGENS SALMONELLA spp., SHIGELLA spp., CAMPYLOBACTER spp., YERSINIA spp., E. COLI 0157:H7 (AND VIBRIO spp. ON REQUEST)

### VDHL KIT #1

## PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COLLECTING SPECIMEN

In order to comply with postal regulations and ensure the safety of laboratory personnel and those involved in the transport of specimens, and to maintain integrity of the sample, the Vermont Department of Health Laboratory (VDHL) will accept for testing only those specimens that are packaged according to the instructions below.

The kit should contain:

- labeled plastic vial with spork (spatula attached to cap). The vial contains a transport medium (Modified Cary Blair) **DO NOT DRINK OR EMPTY OUT**
- VDHL-Clinical Test Request Form (Micro 220)
- metal inner container
- cardboard outer container with mailing label
- Collection and Packaging instructions (Micro 410)

Kits can be stored at room temperature until needed.

Please note the expiration date of the transport medium, which is stamped on a label affixed to the cover of the cardboard container. **DO NOT USE OUTDATED TRANSPORT MEDIUM.** Expired kits may be returned to the Vermont Department of Health Laboratory.

#### Instructions

### **Patient Preparation:**

- 1. Antibiotic treatment should be completed for at least 48 hours before a stool specimen is collected for enteric bacterial pathogen testing.
- 2. Specimens should be collected as soon as possible after onset of symptoms. Two or three specimens may be submitted on separate days to increase the probability of isolating a pathogen.

# **Collection of Specimen:**

- 1. PRINT PATIENT NAME AND DATE OF COLLECTION ON LABELED PLASTIC VIAL.
- 2. Collect the stool (feces) in a clean, dry container such as an empty plastic food container. Another method is to place a piece of plastic food wrap (e.g. Saran Wrap) over the toilet and pass the stool (feces) on it. DO NOT MIX URINE WITH THE STOOL OR USE TOILET PAPER TO COLLECT THE STOOL. FOR SPECIMENS COLLECTED FROM DIAPERS, COLLECT THE STOOL FROM THE DIAPER AS SOON AS POSSIBLE, MAKING EVERY EFFORT TO AVOID CONTAMINATION WITH URINE OR THE DIAPER FIBERS.
- 3. With the spork provided in the vial, transfer about a teaspoon, or a portion the size of a marble, to the vial. For very liquid stool specimens, transfer 2 or 3 sporksful to the vial. Try to collect any areas that are bloody or slimy. **DO NOT OVERFILL!**
- 4. Using the spork, thoroughly mix the stool with the transport medium in the vial. SCREW THE CAP ON

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### TIGHTLY.

- 5. Place the labeled vial in the metal container provided, and screw the cap on tightly.
- 6. Fill out the requisition form completely. THE FOLLOWING INFORMATION IS REQUIRED TO ENSURE ACCURATE AND EFFICIENT PROCESSING OF THE SPECIMEN AND REPORTING OF TEST RESULTS.
  - \* Name and address of health care provider
  - \* Patient's name and date of birth
  - \* Date of specimen collection
  - \* Type of specimen (Stool in Cary-Blair medium)
  - \* Tests requested (Enteric Screen). If Vibrio testing is warranted, write in "Vibrio" on the "Other (Specify)" space
- 7. Fold the requisition form and wrap it around the <u>outside</u> of the metal container
- 8. Place the requisition and metal container inside the cardboard outer container. Screw cap on tightly

# **Shipment of Specimen:**

Specimen can be stored and shipped by mail or courier at room temperature, but **must arrive at the** laboratory by either mail or courier within 4 days of collection

# THE LABORATORY WILL DECONTAMINATE AND DISCARD ANY SPECIMEN WHICH IS IMPROPERLY PACKAGED AND MAY PRESENT A RISK TO PERSONNEL.

# The specimen may be rejected if:

- \* Specimen is greater than 4 days old
- \* Specimen is not thoroughly mixed in transport medium
- \* Date of specimen collection is missing on the specimen and form
- \* Patient name is missing on the specimen and form
- \* Medical provider name/address is missing on the form
- \* Specimen container is overfilled or leaking
- \* Transport medium has expired (see date on container label)
- \* Multiple specimens have the same collection date

If you have any comments or questions regarding these instructions, please call one of the telephone numbers listed on the front of this form. Thank you.